

MINUTES

Meeting: Business Planning & Clinical Commissioning
Venue: Board Room, KEV II

Date: 17 November 2016

Present:

John Lisle	JL	Accountable Officer (Chair)
Nigel Foster	NF	Director of Finance
Jim O'Donnell	JOD	CCG Clinical Chair for Slough
Karen Maskell	KM	PPI Lay Member BA CCG
Catriona Khetyar	CK	AD for Meds Optimisation
Robert Cooper	RMC	PPI Lay Member WAM CCG (left after Item 8)
Siva Sithiparathy	SSi	GP GB Member Slough CCG
William Tong	WT	CCG Clinical Chair for BA CCG
Sangeeta Saran	SS	AD Planned Care and Slough CCG
Huw Thomas	HT	GP, Windsor, Ascot and Maidenhead CCG
Lalitha Iyer	LI	Medical Director
Judith Kinder	JK	GP GB Member WAM CCG
Fiona Slevin-Brown	SS	Director of Strategy and Ops
Nithy Nanda	NN	Clinical Lead, Diabetes and Cardiology

Apologies:

Sarah Bellars	SB	Director of Nursing and Quality
Kirsten Ostle	KO	GP, Windsor, Ascot and Maidenhead CCG
Mary Purnell	MP	
Alex Tilley	AT	

Item	Action
	<i>The minutes follow the sequence that was followed during the meeting.</i>
1. Welcome and introductions	
2. Declarations of any interests at this meeting or changes to published interests.	
	No declarations of interest were made
3. Minutes of meeting held on 20.10.2016	
	Minutes accepted.
4. Matters Arising – Action Log	
	Cancer Strategy – talk to primary care team re pathway to tertiary care. SS confirmed has been done. Viki – Operating Plan comments version control, need to highlight where changes have been made in successive papers. Aldershot Crisis Café – confirmed with NEHF that the service is open to anybody, regardless on where you live etc. We may want to consider the benefits of a local offer. Send communication out to practices. FSB will talk to Katie about taking this to the MH programme board. Heart Failure Business Case – has already been brought back to committee and agreed. Action Closed Single Frimley contract. Nigel and Fiona to take lead. Closed off. WT reiterated the papers should be distributed at least a week before so that the relevant person can be invited to attend for discussion. Terms of Reference for the CLTs – WT raised that the ToR was tweaked and sent around. FSB will send again to ensure this is the finalised version. Personal Healthcare is on the tracker. Closed down.
	FSB
	FSB
5. Diabetes Business Case (presented by Sangeeta Saran)	
	The Diabetes Business Case was presented by Sangeeta Saran and the clinical lead KM –opportunity to join the patient education with Healthmakers Programme – year of care, peer support etc., self-management. Have already given BHFT the contract for

	<p>Healthmakers – need to ensure we don't double spend.</p> <p>SS agreed to map against schemes which are already in train and therefore ensure overlaps/gaps identified. In particular how multicultural needs are met. Need to ensure lifestyle/self-management programmes are tailored to meet local needs.</p> <p>Implementation needs to align with GP Quality Framework which is being developed and recognise different starting points at CCG level.</p> <p>LL- can we put exercise in with lifestyle.</p> <p>Can we ensure that in implementing the improvements that we include all opportunities for technology enabled care. We also need to tie in the enhanced IAPTS offer in this model. Action: SS</p> <p>NF – have we under estimated the benefits of reducing AKI. We should include in our implementation plan, baseline data and monitoring of this.</p> <p>The committee asked about the HCP survey. It was explained that this was to ask the GPs & other HCP as to what clinically they felt the impact the YOC planning has had on their practice & what they see as the benefits.</p> <p>SS set out the opportunity for funding from NHSE for the recruitment of new posts for Slough/WAM.</p> <p>KM – can we look at recording patient activation levels? LL offered support to Sangeeta around this.</p> <p>Milestones for delivery to be added to the tracker for Planned Care.</p> <p>The Committee approved the Business case subject to the actions outlined above. QIPP impact will be monitored through QIPP and Finance.</p>	<p>SS</p> <p>SS</p>
<p>6. Cardiac Rehab Business Case (Sangeeta Saran presented)</p>		
	<p>SS started her presentation by indicating that there had been some movement in the financial assumptions and that the team were confident that this investment would be cost neutral to commissioners.</p> <p>WT indicated his full support for the business case, stating that it was important this is seen as a community service. Must also have a pathway into service from independent sector providers, and we should include direct access to smoking cessation support.</p> <p>KM suggested the pathway needs to include exit pathways into voluntary, community and self-management support.</p> <p>RC reinforced his support for the BC and would also like to see clarity on what's the discharge route to follow on services e.g. psychological support, smoking cessation, community services.</p> <p>LL was not clear about scope, and suggested that clearer links into Phase 3 and how this connects with leisure and self-management.</p> <p>Summary:</p> <p>The Committee approved the business case – implementation needs to take into</p>	

	<p>account the points highlight by the committee and the return on investment by the CCGs.</p> <p>Approved business case subject to suggested changes, clarity on scope and assured financial viability.</p>	
7.	<p>Demand Management Framework (Sangeeta Saran presented)</p> <p>BC was presented by SS. The Committee asked that the ask covers all the opportunity re unwarranted variation.</p> <p>The Committee asked that the team consider the amount of work involved in getting DXS, the engagement of practices, the safe decommissioning of Grace, and the achievability of a reduction in activity levels.</p> <p>KM reminded the committee that it is key that we ensure that patients are involved in the development in any business case</p> <p>JL also asked that we explore using this as a tool to reduce follow-ups as well.</p> <p>Business case approved.</p>	
8.	<p>Sub-acute Stroke Rehab Business Case (Douline Schoeman presented)</p> <p>DS set out the history around the redesign of the stroke pathway which has been underway for almost 2 years. The Business case presented today relates to the commissioning of 12 stroke beds at Wexham Park following the decommissioning of the Acute Stroke unit there.</p> <p>The Committee indicated their disappointment that this commissioning decision which was signed off last year by GBs is now having a cost impact, when we would naturally expect this to cost less given the expected improvement in clinical outcomes. It was felt however that clinically this was best for patients, and in line with the commitment made to local people through engagement earlier in the year.</p> <p>The Berkshire West CCGs were going to make contact to understand the implications of ASU dispersal and potential impact on RBH. This discussion has now taken place.</p> <p>There have been major improvements in stroke outcomes for our patients who are accessing Wycombe and other HASU/ASUs compared to the current service at Wexham.</p> <p>The Committee considered the options presented and it was agreed to approve the Business Case and the option of Wexham Park Hospital as the future provider based on price.</p> <p>The development of the rehab beds at Wexham should also benefit the wider transformation plans for Neurology services in East Berkshire.</p>	
9.	<p>Clinical transformation and QIPP (Viki Wadd presented)</p> <p>Update on progress. 54 ideas generated at the workshop in Sep. Prioritised to 31 ideas at this stage.</p> <p>FSB/VW going to member meetings to discuss future pipeline ideas – mapping against current programs and will put through decision tree and then identify which we will progress.</p> <p>Suggesting 4-phases of projects over the next 2 years.</p> <p>The current QIPP plan for 17/18 is at approx. £7 million gap – before building in several other considerations including stroke etc.</p>	
10.	<p>AOB</p>	

	<p>Forward agenda items</p> <ul style="list-style-type: none"> • Shared Lives proposal - Dec 2016 • Neurology BC – Dec 2016 • Cancer Business Case – Dec 2016 • Ophthalmology Business case – Jan 2017 • MH Strategy Development framework – Jan 2017 • Patient & Public engagement communications – Jan 2017 • PHBs - Implementation – Feb 2017 • Implementation plans with milestones for Diabetes and Cardiac Rehab (Jan 2017) • Spec Pall care and Hospice Capacity Business Case (Children and Adults) Jan 2017 • MSK Pathway Business Case Dec 2016 • Hypertension Business case Dec 2016 • Primary Care Quality Scheme (update) Dec 2016 	
15.	Date and times of future meetings	
	15 December 2016, 09:30 - 11.30, Board Room, KEVII	